

SDEMSA IC Society – Instructor Course
September 26, 27 and 28, 2014 – Chamberlain, SD
Registration Form

Name _____ SD EMT # _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Training level: (circle one)

EMR EMT EMT-I/85 AEMT EMT-P

List any EMS related instructor certifications you currently hold:

Please complete the registration form, enclose check for \$125.00 and
mail to:

Amy Marsh, I/C Treasurer
9001 N. Kiwanis Ave
Sioux Falls, SD 57107